
**Appendix
D: WFI Interview Forms**

Wraparound Fidelity Index 4

Demographics Form

AZ 3/27/07 Version



This form is to be completed by the Child and Family Team (CFT) facilitator. If the CFT facilitator is not available for interview, then this form is to be completed by the caregiver.

Youth's name: _____

Caregiver's name: _____

CFT Facilitator's name: _____

Interviewer's name: _____

Today's date: Month _____ Day _____ Year _____

Administration method: 1 Face-to-face 2 Phone

Project ID:	
Youth/ Family ID:	
Caregiver ID:	
CFT Facilitator ID:	
Interviewer ID:	
Timeframe:	

1. Youth's DOB Month _____ Day _____ Year _____

2. What is the youth's gender? 1 Male 2 Female

3. Is the youth of Hispanic descent? 1 No 2 Yes

4. What is the youth's race? (*Check all that apply*)

- | | |
|------------------------------------|--|
| 1 American Indian or Alaska Native | 2 Asian |
| 3 Black or African American | 4 Native Hawaiian / Other Pacific Islander |
| 5 White | |
| 6 Mixed race _____ | (Please specify) |
| 7 Other _____ | (Please specify) |

WFI 4-Demographics Form

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5. Has the youth been in school anytime during the last 30 days?

1 No 2 Yes

If **Yes**, go to question #6.

If **No**, Why was the youth not in school?

- | | |
|--|----------------------------------|
| 1 Dropped out of school before legal age | 2 Dropped out after legal age |
| 3 Expelled/Suspended | 4 Too young to go to school |
| 5 Graduated from high school or GED | 6 Taught at home (home-schooled) |
| 7 Physical illness | 8 Refused to go to school |
| 9 In juvenile detention or jail | 10 Ward of the State |
| 11 Summer vacation | |
| 12 Other _____ (Please specify) | |

6. Which grade is the youth in now or will be in for the new school year?

- | | |
|----------------|--------------------------------------|
| 1 Preschool | 9 Seventh Grade |
| 2 Kindergarten | 10 Eighth Grade |
| 3 First Grade | 11 Ninth Grade |
| 4 Second Grade | 12 Tenth Grade |
| 5 Third Grade | 13 Eleventh Grade |
| 6 Fourth Grade | 14 Twelfth Grade |
| 7 Fifth Grade | 15 Post-secondary |
| 8 Sixth Grade | 16 No grade levels in child's school |

Wraparound Fidelity Index 4

CFT Facilitator Form AZ 3/27/07 Version



Youth's name: _____

Caregiver's name: _____

CFT Facilitator's name: _____

Interviewer's name: _____

Today's date: Month _____ Day _____ Year _____

Start time: _____ am/pm

Length of interview: _____ minutes

Project ID:	
Youth/ Family ID:	
Caregiver ID:	
CFT Facilitator ID:	
Interviewer ID:	
Timeframe:	

1. What is the primary caregiver's relationship to _____ (*child's name*)? (Check one)

- | | |
|-------------------------|-----------------------------|
| 1 Birth parent | 2 Adoptive/Stepparent |
| 3 Foster parent | 4 Live-in partner of parent |
| 5 Sibling | 6 Aunt or uncle |
| 7 Grandparent | 8 Cousin |
| 9 Other family relative | 10 Friend (adult friend) |
| 11 Other _____ | (please specify) |

2. Who has legal custody of _____ (*child's name*)? (Check one)

- | | |
|--|----------------------|
| 1 Two birth parents OR
one birth parent and
one stepparent | 2 Birth mother only |
| 3 Birth father only | 4 Adoptive parent(s) |
| 5 Foster parent(s) | 6 Sibling(s) |
| 7 Aunt and/or uncle | 8 Grandparent(s) |
| 9 Friend(s) | 10 Ward of the State |
| 11 Other _____ | (please specify) |

If birth or adoptive parent has custody, go to question #3.

*If birth or adoptive parent **does not** have custody, read 2a.*

WFI 4-CFT Facilitator Form

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2a. Is there a plan to reunite the youth with the birth parent? 1 No 2 Yes

If Yes, go to question #3.

If No, read 2b.

2b. What is the permanency plan for the youth?

3. Has the youth ever been in the custody of the state? 1 No 2 Yes

4. Is the youth currently receiving Behavioral Health Services? 1 No 2 Yes

If Yes, How many months has the youth been receiving Behavioral Health Services? _____
months

If No, Has the youth received Behavioral Health Services in the past?

1 No 2 Yes

If Yes, How many months did the youth receive Behavioral Health Services?

_____ months

5. How many months have you been working with the family? _____ months

6. Does the youth or family have a functioning Child and Family Team?

[PROMPTS may include asking whether the family has a group of people involved in services for the child or youth that comes together to meet and plan services for the child or youth and family]

1 No 2 Yes

If Yes, We will be asking questions about the Child and Family Team so keep those team members in mind as you answer the following questions. Who is on that Child and Family Team? ***List below (Roles, not names)***

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If No, For the purposes of this interview, when we ask you about 'the Child and Family Team,' please consider the people that work with the youth and his or her family to provide services and supports.

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I am going to ask you some questions about the Child and Family Team and services and supports the youth and family are receiving now and have received over the past year.

Please answer all questions as well as you can. Remember that all your answers will be kept confidential.



Let's start with when you first met the youth and family. Can you tell me a little bit about your first interactions with [name of youth/family]? What were those very first meetings like? What took place?

Phase 1: Engagement		Yes	Sometimes Somewhat	No	Missing
1.1 CC	When you meet with the family, are they given ample time to talk about their strengths, beliefs, and traditions?	YES to both questions	YES to only the first question	NO to the first question	666 777
	Have these strengths, beliefs, and traditions shared with all team members?	2	1	0	888 999
Circle one: YES NO					
1.2 FVC	Have you fully explained the Child and Family Team process and the choices the family could make?	2	1	0	666 777
					888 999
1.3 SB	Has the family been given an opportunity to tell you what things have worked in the past for the child and family?	2	1	0	666 777
					888 999
1.4 TB	Did the family members select the people who would be on their Child and Family Team?	2	1	0	666 777
					888 999
1.5. TB	Is it difficult to get team members to attend team meetings when they are needed?	0	1	2	666 777
					888 999
1.6. OB	When the child and family first entered the behavioral health system, did you ensure any initial crisis situations were addressed and stabilized?	2	1	0	666 777
					888 999

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Now I am going to move on to questions about how the service planning process proceeded with [name of youth/family]. Can you tell me about how the family's service plan was developed?

Phase 2: Planning		Yes	Sometimes Somewhat	No	Missing
2.1 Col	<p>Did the family plan and its team create a written service plan that describes how the team will meet the child's and family's needs?</p> <p>Circle one: YES NO</p> <p>Does the youth and family have a copy of the plan?</p> <p>Circle one: YES NO</p>	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
2.2 TB	<p>Did the team develop any kind of written statement about what it is working on with the youth and family?</p> <p>(PROMPTS: This statement would be the vision statement for the family. It may also be a statement of the ultimate goal for the team. The statement should be a 'big picture' statement and different than individual goals in the service plan. It may be called the Family's Vision of the Future)</p> <p>Circle one: YES NO</p>	2	1	0	666 777 888 999
2.3 Ind.	<p>Can you summarize the services, supports, and strategies that are in the family's current service plan?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Scoring rule: Assign a '2' if majority of services, supports, and strategies are informal or non-professional services, a '1' if they are about equal professional and informal/non-professional, and a '0' if the majority are professional,</p> <p>Ask directly only if there is uncertainty about how to score: Does the family's current service plan include mostly professional services?</p>	Mostly informal or non-professional services and supports 2	About equal informal and professional 1	Mostly formal or professional services 0	666 777 888 999
2.4 SB	<p>Are the supports and services in the service plan connected to the strengths, needs and cultural preferences of the child and family?</p> <p>(PROMPTS: Strengths are the positive things the child and family members do well. Do the strategies in the plan <u>use</u> your child and family's strengths? Do they <u>help build</u> the child and family's strengths and abilities?)</p>	2	1	0	666 777 888 999

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Phase 2: Planning continued		Yes	Sometimes Somewhat	No	Missing
2.5 CB	<p>Does the service plan include strategies for helping the child get involved with activities in her or his community?</p> <p>Please give two examples of those activities:</p> <div style="border: 1px solid black; padding: 5px;"> <p>1.</p> <p>2.</p> </div> <p><i>*Follow scoring rules.</i></p> <p><i>(SUGGESTED PROMPTS: After school activities, activities with a church, volunteer activities, recreational activities with normal peers)</i></p>	Two examples of community activities.	One example of a community activity.	No examples of community activities.	666 777 888 999
2.6 Col	Are there members of the Child and Family Team who do <u>not</u> have a role in implementing the plan?	0	1	2	666 777 888 999
2.7 Col	Does the team brainstorm many strategies to address the family's needs before selecting one?	2	1	0	666 777 888 999
2.8 Ind	<p>Is there a crisis or safety plan that specifies what everyone must do to respond to a crisis?</p> <p>Circle one: YES NO</p> <p>Does this plan also specify how to prevent crises from occurring?</p> <p>Circle one: YES NO</p>	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
2.9 CB	<p>Do you feel confident that, in the event of a major crisis, the team can keep the child or youth in the community?</p> <p><i>(SUGGESTED PROMPTS: i.e., not immediately placed in a hospital, jail, residential treatment center)</i></p>	2	1	0	666 777 888 999
2.10 FVC	Would you say that people other than the family have higher priority than the family in designing their service plan?	0	1	2	666 777 888 999
2.11 CC	<p>During the service planning process, did the team take enough time to understand the family's values and beliefs?</p> <p>Circle one: YES SOMEWHAT NO</p> <p>Is the service plan in tune with the family's values and beliefs?</p> <p>Circle one: YES SOMEWHAT NO</p>	YES to both questions 2	YES to only one question 1	NO to both questions 0	666 777 888 999

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Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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WFI 4-CFT Facilitator Form

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Now I am going to ask you a number of questions about how *[name youth/family]*'s service plan has been implemented and how Child and Family Team meetings are conducted. First, can you tell me what team meetings are like currently? How do those meetings go?

Phase 3: Implementation		Yes	Sometimes Somewhat	No	Missing
3.1 FVC	Are important decisions ever made about the child or family when they are not there?	0	1	2	666 777 888 999
3.2 Ind	When the Child and Family Team has a good idea for a support or service for the child, can it find the resources or figure out some way to make it happen?	2	1	0	666 777 888 999
3.3 SB	<p>Does the Child and Family Team get the child involved with activities she or he likes and does well?</p> <p>Please give two examples of those activities:</p> <div style="border: 1px solid black; padding: 5px;"> <p>1.</p> <p>2.</p> </div> <p><i>*Follow scoring rules</i></p>	<p>Two examples of activities youth likes and does well.</p> <p>2</p>	<p>One example of an activity youth likes and does well.</p> <p>1</p>	<p>No examples of activities youth likes and does well.</p> <p>0</p>	<p>666 777 888 999</p>
3.4 NS	Does the team find ways to increase the support the family gets from its friends and family members?	2	1	0	666 777 888 999
3.5 Col	Do the members of the team hold each another responsible for doing their part of the service plan?	2	1	0	666 777 888 999
3.6 NS	Is there a friend or advocate of the child or family who actively participates on the Child and Family Team?	2	1	0	666 777 888 999
3.7 Per	<p>Does the team come up with new ideas for the service plan whenever the family's needs change?</p> <p>Circle one: YES NO</p> <p>Does the team come up with new ideas for the service plan whenever something is not working?</p> <p>Circle one: YES NO</p>	<p>YES to both questions</p> <p>2</p>	<p>YES to only one question</p> <p>1</p>	<p>NO to both questions</p> <p>0</p>	<p>666 777 888 999</p>
3.8 CB	<p>Are the services and supports in the service plan difficult for the family to access?</p> <p>(SUGGESTED PROMPTS: Because of scheduling or transportation issues or because services and supports are far away or hard to get to.)</p>	0	1	2	666 777 888 999

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Phase 3: Implementation (continued)		Yes	Sometimes Somewhat	No	Missing
3.9 OB	<p>Does the team assign specific tasks to all team members at the end of each meeting?</p> <p>Circle one: YES NO</p> <p>Does the team review each team member's follow-through on their tasks at the next meeting?</p> <p>Circle one: YES NO</p>	<p>YES to both questions</p> <p>2</p>	<p>YES to only one question</p> <p>1</p>	<p>NO to both questions</p> <p>0</p>	<p>666 777</p> <p>888 999</p>
3.10 CC	<p>Do members of the team always use language the family can understand?</p> <p>(NOTE: <i>For family members for whom English is not a first language, this may mean that bilingual facilitators, translators, or other means are used to ensure adequate understanding.</i></p> <p><i>For English-speaking caregivers, this means that facilitators and team members translate or do not use professional jargon or acronyms that the caregiver does not understand.)</i></p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>
3.11 SB	<p>Does the team create a positive atmosphere around successes and accomplishments at each team meeting?</p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>
3.12 TB	<p>Does the team go out of its way to make sure that all team members – including friends, family, and natural supports – present ideas and participate in decision making?</p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>
3.13 Per	<p>Do you think the Child and Family Team process could be discontinued before the family is ready for it to end?</p> <p><i>For example, because of time limits, because of the child's behavior, because of a placement change or because of a change in funding or eligibility?</i></p>	<p>0</p>	<p>1</p>	<p>2</p>	<p>666 777</p> <p>888 999</p>
3.14 CC	<p>Do all the members of the team demonstrate respect for the family?</p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>
3.15 FVC	<p>Does the child or youth have the opportunity to communicate his or her own ideas when the time comes to make decisions?</p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>

WFI 4-CFT Facilitator Form

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OK, we are almost done. I now want to ask you a few final questions about transitions and the future for this youth and family.

Phase 4: Transition		Yes	Sometimes Somewhat	No	Missing
4.1 OB	<p>Has the Child and Family Team discussed a plan for how behavioral health services will end or for how the family will develop more independence from the service system? (i.e., a "transition plan")</p> <p>Circle one: YES NO</p> <p>Does the team have a plan for when this will occur?</p> <p>Circle one: YES NO</p>	<p>YES to both questions</p> <p>2</p>	<p>YES to only the first question</p> <p>1</p>	<p>NO to the first question</p> <p>0</p>	<p>666 777</p> <p>888 999</p>
4.2 NS	<p>Has the Child and Family Team process helped the child develop friendships with other youth who will have a positive influence on him or her?</p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>
4.3 OB	<p>Has the Child and Family Team process helped the child to solve her or his own problems?</p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>
4.4 Ind	<p>Has the team helped the child or youth prepare for major transitions (e.g., new school, new residential placement, or move to the adult behavioral health system) by making plans to deal with these changes?</p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>
4.5 Per	<p>After behavioral health services provided through the Child and Family Team process have ended, do you think the Child and Family Team process will be able to be "re-started" if the youth or family needs it?</p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>
4.6 NS	<p>Has the Child and Family Team helped the family to develop or strengthen relationships that will support them when the Child and Family Team process is finished?</p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>
4.7 CB	<p>Do you feel like the family will be able to succeed on its own, or with just the help of family and friends (not paid professionals)?</p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>
4.8 Per	<p>Will some members of the team be there to support the family when formal behavioral health services are finished?</p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>

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Thank you for taking the time to complete the interview. Are there any comments you would like to add? We are particularly interested in hearing anything you might want to say about things that have worked well or that would need to be improved around how well behavioral health services and the Child and Family Team is working for families such as *[name of youth/family]*.

Positive feedback:

Negative feedback:

End Time _____ am/pm

Interviewer observations about interview, respondent and any validity concerns: _____

Wraparound Fidelity Index 4

Caregiver Form

AZ 3/27/07 Version



Youth's name: _____

Caregiver's name: _____

CFT Facilitator's name: _____

Interviewer's name: _____

Today's date: Month _____ Day _____ Year _____

Administration method: 1 Face-to-face 2 Phone

Start time: _____ am/pm

Length of interview: _____ am/pm

Project ID:	
Youth ID:	
Caregiver ID:	
CFT Facilitator ID:	
Interviewer ID:	
Timeframe:	

1. What is your relationship to _____ (*child's name*)? **(Circle one)**

- | | |
|-------------------------|-----------------------------|
| 1 Birth parent | 2 Adoptive/Stepparent |
| 3 Foster parent | 4 Live-in partner of parent |
| 5 Sibling | 6 Aunt or uncle |
| 7 Grandparent | 8 Cousin |
| 9 Other family relative | 10 Friend (adult friend) |
| 11 Other _____ | (please specify) |

If not a birth parent read: 1a. Does one or more of the child or youth's birth parents participate on the Child and Family Team or in services for [*child's name*]? Yes No

Details: _____

2. Who has legal custody of _____ (*child's name*)? **(Circle one)**

- | | |
|--|----------------------|
| 1 Two birth parents OR one birth parent and one stepparent | 2 Birth mother only |
| 3 Birth father only | 4 Adoptive parent(s) |
| 5 Foster parent(s) | 6 Sibling(s) |
| 7 Aunt and/or uncle | 8 Grandparent(s) |
| 9 Friend(s) | 10 Ward of the State |
| 11 Other _____ | (please specify) |

If birth or adoptive parent has custody, go to question #4.

If birth or adoptive parent does not have custody, read 3a.

3a. Is there a plan to reunite the youth with the birth parent? 1 No 2 Yes

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If Yes, go to question #4.

If No, read 3b.

3b. What is the permanency plan for the youth?

4. Has your child ever been in the custody of the state? 1 No 2 Yes

5. Is he or she currently receiving Behavioral Health Services? 1 No 2 Yes

If Yes, How many months has the youth been receiving Behavioral Health Services? _____ months

If No, Has your child received Behavioral Health Services in the past? 1 No 2 Yes

If Yes, How many months did your child receive Behavioral Health Services?
_____ months

6. Do you have a "Child and Family Team"?

[PROMPTS may include asking whether the family has a group of people involved in services for the child or youth that comes together to meet and plan services for the child or youth and family]

1 No 2 Yes

If Yes, We will be asking questions about the team so keep those people in mind as you answer the following questions. Who is on that Child and Family Team? **List below (Roles, not names)**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If No, For the purposes of this interview, when we ask you about 'the Child and Family Team,' please consider the people that work with the youth and his or her family to provide services and supports.

WFI 4-Caregiver Form

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I am going to ask you some questions about your Child and Family Team and the services and supports your family is receiving now and has received over the past year.

Let's start with when you first met your current facilitator. Can you tell me a little bit about the first time you met (your facilitator)? What were those very first meetings like?



[Note: During this discussion, other prompts may include: What did (your facilitator) tell you about what the Child and Family Team would be like? How did you decide who would be on your Child and Family Team?]

Phase 1: Engagement		Yes	Sometimes Somewhat	No	Missing
1.1 CC	When meet with your Child and Family Team facilitator, are you given time to talk about your family's strengths, beliefs, and traditions? Circle one: YES NO	YES to both questions	YES to only the first question	NO to the first question	666 777
	Does this process help you appreciate what is special about your family? Circle one: YES NO	2	1	0	888 999
1.2 FVC	Did your Child and Family Team facilitator fully explain the Child and Family Team process and the choices you could make?	2	1	0	666 777 888 999
1.3 SB	Have you had a chance to tell your Child and Family Team facilitator what things have worked in the past for your child and family?	2	1	0	666 777 888 999
1.4 TB	Did you select the people who would be on your Child and Family Team?	2	1	0	666 777 888 999
1.5 TB	Is it difficult to get team members to attend team meetings when they are needed?	0	1	2	666 777 888 999
1.6 OB	When you first entered the behavioral health system, did you go through a process to ensure any initial crisis situations were addressed and stabilized?	2	1	0	666 777 888 999

WFI 4-Caregiver Form AZ 3/27/07 Version

Now I am going to move onto questions about how the service planning process went for your child and family. Can you tell me about how the family's service plan was developed?

During this discussion, other prompts may include: Who participated in this planning? How did you decide what would be in the service plan? Did certain people have more input than others?

Phase 2: Planning		Yes	Sometimes Somewhat	No	Missing
2.1 Col	<p>Did you and your team plan and create a written service plan that describes how the team will meet your child's needs?</p> <p>Circle one: YES NO</p> <p>Do you have a written copy of the service plan?</p> <p>Circle one: YES NO</p>	<p>YES to both questions</p> <p>2</p>	<p>YES to only the first question</p> <p>1</p>	<p>NO to the first question</p> <p>0</p>	<p>666 777</p> <p>888 999</p>
2.2 TB	<p>Did the team develop any kind of written statement about what it is working on with your child and family?</p> <p><i>(PROMPTS: This statement would be the vision statement for the family. It may also be a statement of the ultimate goal for the team. The statement should be a 'big picture' statement and different than individual goals in the service plan. It may be called the Family's Vision of the Future)</i></p> <p>Circle one: YES NO</p> <p>Can you describe what the family's Vision of the Future says?</p> <p>Circle one: YES NO</p>	<p>YES to both questions</p> <p>2</p>	<p>YES to only the first question</p> <p>1</p>	<p>NO to the first question</p> <p>0</p>	<p>666 777</p> <p>888 999</p>
2.3 Ind.	<p>Does your service plan include mostly professional services?</p>	<p>0</p>	<p>1</p>	<p>2</p>	<p>666 777</p> <p>888 999</p>
2.4 SB	<p>Are the supports and services in your service plan connected to the strengths and abilities of your child and family?</p> <p><i>(PROMPTS: Strengths are the positive things your child and family members do well.</i></p> <p><i>Do the strategies in your service plan <u>use</u> your child and family's strengths? Do they <u>help build</u> your child and family's strengths and abilities?)</i></p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>

WFI 4-Caregiver Form

AZ 3/27/07 Version

Phase 2: Planning (continued)		Yes	Sometimes Somewhat	No	Missing
2.5 CB	<p>Does the service plan include strategies for helping your child get involved with activities in her or his community?</p> <p>Please give two examples of those activities:</p> <div style="border: 1px solid black; padding: 5px;"> <p>1.</p> <p>2.</p> </div> <p><i>*Follow scoring rules.</i></p> <p><i>(SUGGESTED PROMPTS: After school activities, activities with a church, volunteer activities, recreational activities with normal peers)</i></p>	Two examples of community activities.	One example of a community activity.	No examples of community activities.	666 777 888 999
2.6 Col	Are there members of your Child and Family Team who do <u>not</u> have a role in implementing your plan?	0	1	2	666 777 888 999
2.7 Col	Does your team brainstorm many strategies to address your family's needs before selecting one?	2	1	0	666 777 888 999
2.8 Ind	<p>Is there a crisis or safety plan that specifies what everyone must do to respond to a crisis?</p> <p>Circle one: YES NO</p> <p>Does this plan also specify how to prevent crises from occurring?</p> <p>Circle one: YES NO</p>	YES to both questions	YES to only the first question	NO to the first question	666 777 888 999
2.9 CB	<p>Do you feel confident that, in the event of a major crisis, your Child and Family Team can keep your child or youth in the community?</p> <p><i>(SUGGESTED PROMPTS: i.e., not immediately placed in a hospital, jail, residential treatment center)</i></p>	2	1	0	666 777 888 999
2.10 FVC	Do you feel like other people on your team have higher priority than you in designing your service plan?	0	1	2	666 777 888 999
2.11 CC	<p>During the planning process, did the Child and Family Team take enough time to understand your family's values and beliefs?</p> <p>Circle one: YES SOMEWHAT NO</p> <p>Is your service plan in tune with your family's values and beliefs?</p> <p>Circle one: YES SOMEWHAT NO</p>	YES to both questions	YES to only one question	NO to both questions	666 777 888 999

WFI 4-Caregiver Form AZ 3/27/07 Version

Now I am going to ask you a number of questions about what your services and your team meetings are like. First, you can tell me what Child and Family Team meetings are like currently? How do those meetings go?

Phase 3: Implementation		Yes	Sometimes Somewhat	No	Missing
3.1 <i>FVC</i>	Are important decisions made about your child or family when you are not there?	0	1	2	666 777 888 999
3.2 <i>Ind</i>	When your Child and Family Team has a good idea for a support or service for your child, can it find the resources or figure out some way to make it happen?	2	1	0	666 777 888 999
3.3 <i>SB</i>	<p>Does your Child and Family Team get your child involved with activities she or he likes and does well?</p> <p>Please give two examples of those activities:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">1.</div> <div style="border: 1px solid black; padding: 2px;">2.</div> <p><i>*Follow scoring rules</i></p>	Two examples of activities youth likes and does well.	One example of an activity youth likes and does well.	No examples of activities youth likes and does well.	666 777 888 999
3.4 <i>NS</i>	Does the team find ways to increase the support you get from your friends and family?	2	1	0	666 777 888 999
3.5 <i>Col</i>	Do the members of your team hold each another responsible for doing their part of the service plan?	2	1	0	666 777 888 999
3.6 <i>NS</i>	Is there a friend or advocate of your child or family who actively participates on the Child and Family Team?	2	1	0	666 777 888 999
3.7 <i>Per</i>	<p>Does your team come up with new ideas for your service plan whenever your needs change?</p> <p style="text-align: center;">Circle one: YES NO</p> <p>Does your team come up with new ideas for your service plan whenever something is not working?</p> <p style="text-align: center;">Circle one: YES NO</p>	YES to both questions	YES to only one question	NO to both questions	666 777 888 999
3.8 <i>CB</i>	<p>Are the services and supports in your service plan difficult for your family to access?</p> <p><i>(SUGGESTED PROMPTS: Because of scheduling or transportation issues or because services and supports are far away or hard to get to.)</i></p>	0	1	2	666 777 888 999

WFI 4-Caregiver Form

AZ 3/27/07 Version

Phase 3: Implementation (continued)		Yes	Sometimes Somewhat	No	Missing
3.9	Does the Child and Family Team assign specific tasks to all team members at the end of each meeting? <i>Circle one: YES NO</i>	YES to both questions	YES to only one question	NO to both questions	666 777
OB	Does the team review each team member's follow-through on their tasks at the next meeting? <i>Circle one: YES NO</i>	2	1	0	888 999
3.10	Do members of your team always use language you can understand? <i>(NOTE: For caregivers for whom English is not a first language, this may mean that bilingual facilitators, translators, or other means are used to ensure adequate understanding. For English-speaking caregivers, this means that facilitators and team members translate or do not use professional jargon or acronyms that the caregiver does not understand.)</i>	2	1	0	666 777 888 999
CC					
3.11	Does your Child and Family Team create a positive atmosphere around successes and accomplishments at each team meeting?	2	1	0	666 777 888 999
SB					
3.12	Does your Child and Family Team go out of its way to make sure that all team members – including friends, family, and natural supports – present ideas and participate in decision making?	2	1	0	666 777 888 999
TB					
3.13	Do you think your Child and Family Team could be discontinued before you or your family is ready for it to end? <i>For example, because of time limits, because of your child's behavior, because of a placement change, or a change in funding or eligibility?</i>	0	1	2	666 777 888 999
Per					
3.14	Do all the members of your team demonstrate respect for you and your family?	2	1	0	666 777 888 999
CC					
3.15	Does your child have the opportunity to communicate his or her own ideas when the time comes to make decisions?	2	1	0	666 777 888 999
FVC					

WFI 4-Caregiver Form

AZ 3/27/07 Version

OK, we're almost done. I now want to ask you a few final questions about transitions and the future for your child and family.

Phase 4: Transition		Yes	Sometimes Somewhat	No	Missing
4.1 OB	<p>Has your Child and Family Team discussed a plan for how behavioral health services will end or for how you will develop more independence from formal services? (i.e., a "transition plan")</p> <p>Circle one: YES NO</p> <p>Does your team have a plan for when this will occur?</p> <p>Circle one: YES NO</p>	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
4.2 NS	Has the Child and Family Team process helped your child develop friendships with other youth who will have a positive influence on him or her?	2	1	0	666 777 888 999
4.3 OB	Has the Child and Family Team process helped your child to solve her or his own problems?	2	1	0	666 777 888 999
4.4 Ind	Has your Child and Family Team helped you and your child prepare for major transitions (e.g., new school, new residential placement, or move to the adult behavioral health system) by making plans to deal with these changes?	2	1	0	666 777 888 999
4.5 Per	After behavioral health services provided through the Child and Family Team process have ended, do you think that the Child and Family Team process will be able to be "re-started" if you need it?	2	1	0	666 777 888 999
4.6 NS	Has the Child and Family Team process helped your family to develop or strengthen relationships that will support you when behavioral health services are completed?	2	1	0	666 777 888 999
4.7 CB	Do you feel like you and your family will be able to succeed on its own, or with just the help of family and friends (not paid professionals)?	2	1	0	666 777 888 999
4.8 Per	Will some members of your Child and Family Team be there to support you when formal behavioral health services are completed?	2	1	0	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked Page 8

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WFI 4-Caregiver Form

AZ 3/27/07 Version

Thank you for taking the time to complete this interview. Are there any comments you would like to add, like what have been the best things about your Child and Family Team process? What has not gone well or could be improved?

Positive feedback:

Negative feedback:

End Time _____ am/pm

Interviewer observations about interview, respondent and any validity concerns: _____

Wraparound Fidelity Index 4

Youth Form

AZ 3/27/07 Version



Youth's name: _____

Caregiver's name: _____

CFT Facilitator's name: _____

Interviewer's name: _____

Today's date: Month _____ Day _____ Year _____

Administration method: 1 Face-to-face 2 Phone

Start time: _____ am/pm

Length of interview: _____ minutes

Project ID:	
Youth/Family ID:	
Caregiver ID:	
CFT Facilitator ID:	
Interviewer ID:	
Timeframe:	

1. Respondent age _____ years
2. Respondent gender 1 Male 2 Female

3. Do you have a "Child and Family Team"?

[PROMPTS may include asking whether the youth has a group of people involved in his/her services that comes together to meet and plan services for the youth and family]

- 1 No 2 Yes

If No, For the purposes of this interview, when we ask you about the Child and Family Team please consider all the people that work with you and your family to provide services and supports.

If Yes, We will be asking questions about the Child and Family Team so keep those people in mind as you answer the following questions.

WFI 4- Youth Form

AZ 3/27/07 Version

I am going to ask you some questions about your Child and Family Team and the services and supports you are receiving now and have received over the past year.

Let's start with when you first met your current facilitator. Can you tell me a little about your first interactions with the facilitator? What were those very first interactions like?



NOTE: During this discussion, other prompts may include: Who participated in the planning? How did you decide what would be in the plan? Did certain people have more input than others?

Phase 1: Engagement		Yes	Sometimes Somewhat	No	Missing
1.1 CC	When you meet with your Child and Family Team facilitator, are you given time to talk about things you are good at and things you like to do?	2	1	0	666 777 888 999
1.2 FVC	Did your facilitator fully explain how the Child and Family Team process would work?	2	1	0	666 777 888 999
1.3 SB	Have you had a chance to tell your facilitator what things have worked in the past to help you and your family?	2	1	0	666 777 888 999
1.4 TB	Did you help pick the people who would be on your Child and Family Team?	2	1	0	666 777 888 999
1.5 TB	Do you have a friend or advocate who participates actively on your Child and Family Team?	2	1	0	666 777 888 999
1.6 TB	Would you have different people on your team if you could?	0	1	2	666 777 888 999

WFI 4- Youth Form

AZ 3/27/07 Version

Now I am going to move onto questions about how the service planning process went for you and your family. Can you tell me about how your service plan was developed?

During this discussion, other prompts may include: Who participated in this service planning? How did you decide what would be in the service plan? Did you get asked what you wanted?

Phase 2: Planning		Yes	Sometimes Somewhat	No	Missing		
2.1 Col	<p>Did you help to create a written service plan that describes how the Child and Family Team will meet your family's needs?</p> <p>Circle one: YES NO</p> <p>Do you have a copy of the service plan?</p> <p>Circle one: YES NO</p>	<p>YES to both questions</p> <p>2</p>	<p>YES to only the first question</p> <p>1</p>	<p>NO to the first question</p> <p>0</p>	<p>666 777</p> <p>888 999</p>		
2.2 Col	During meetings does your team brainstorm many ideas to meet your needs before picking one?	2	1	0	666 777 888 999		
2.3 SB	Does the team know what you like and the things that you do well?	2	1	0	666 777 888 999		
2.4 CB	<p>Does your service plan include things that get you involved with activities in your community?</p> <p>Can you give two examples of those activities:</p> <table border="1" style="width: 100%;"> <tr> <td>1.</td> </tr> <tr> <td>2.</td> </tr> </table> <p><i>*Follow scoring rules.</i></p> <p><i>(SUGGESTED PROMPTS: After school activities, activities with a church, volunteer activities, recreational activities with normal peers)</i></p>	1.	2.	<p>Two examples of community activities.</p> <p>2</p>	<p>One example of a community activity.</p> <p>1</p>	<p>No examples of community activities.</p> <p>0</p>	<p>666 777</p> <p>888 999</p>
1.							
2.							
2.5 CC	When your Child and Family Team was making its service plan, did you and your family have many chances to talk about what you like and what you believe in?	2	1	0	666 777 888 999		
2.6 Ind	Does your service plan include mostly professional services?	0	1	2	666 777 888 999		
2.7 Ind	If things go wrong or there is a crisis, is there a crisis or safety plan that says what everyone must do?	2	1	0	666 777 888 999		
2.8 Ind	Do you and your family get the help that you need?	2	1	0	666 777 888 999		

WFI 4- Youth Form

AZ 3/27/07 Version

Now I am going to ask you a number of questions about what your services and your Child and Family Team meetings are like. First, you can tell me what team meetings are like currently? How do those meetings go?

Phase 3: Implementation		Yes	Sometimes Somewhat	No	Missing
3.1 FVC	Are important decisions made about you or your family when you are not there?	0	1	2	666 777 888 999
3.2 Ind	When your Child and Family Team has a good idea, can it figure out some way to make it happen?	2	1	0	666 777 888 999
3.3 SB	<p>Does your Child and Family Team get you involved with activities you like and do well?</p> <p>Please give two examples of those activities:</p> <div style="border: 1px solid black; padding: 5px;"> <p>1.</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>2.</p> </div> <p><i>*Follow scoring rules</i></p>	<p>Two examples of activities youth likes and does well.</p> <p>2</p>	<p>One example of an activity youth likes and does well.</p> <p>1</p>	<p>No examples of activities youth likes and does well.</p> <p>0</p>	666 777 888 999
3.4 NS	Do people on the team help you do things with your friends and family?	2	1	0	666 777 888 999
3.5 NS	When things are not going right, does the team help you talk with friends and other people you like to talk to?	2	1	0	666 777 888 999
3.6 Per	Does your team come up with new ideas for your service plan whenever something is not working?	2	1	0	666 777 888 999
3.7 CB	<p>Are the places you go to for services hard to reach because they are far away or meet at times that are inconvenient to you or your family?</p> <p>(SUGGESTED PROMPTS: Because of scheduling or transportation issues or because services and supports are far away or hard to get to.)</p>	0	1	2	666 777 888 999

WFI 4- Youth Form

AZ 3/27/07 Version

Phase 3: Implementation (continued)		Yes	Sometimes Somewhat	No	Missing
3.8 CC	<p>Do members of your Child and Family Team always use language you can understand?</p> <p><i>(NOTE: For youth for whom English is not a first language, this may mean that bilingual facilitators, translators, or other means are used to ensure adequate understanding.</i></p> <p><i>For English-speaking youth, this means that facilitators and team members translate or do not use professional jargon or acronyms that the youth does not understand.)</i></p>	2	1	0	666 777 888 999
3.9 SB	Do your Child and Family Team meetings make you feel good about your successes and accomplishments?	2	1	0	666 777 888 999
3.10 TB	Does everyone on your team talk and give their ideas during your team meeting?	2	1	0	666 777 888 999
3.11 Per	<p>Do you think you could get “kicked out” of behavioral health services or your Child and Family Team before you or your family is ready for it to end?</p> <p><i>For example, because of time limits, because of your behavior, or because of a placement change?</i></p>	0	1	2	666 777 888 999
3.12 CC	Do all the members of your team show respect for you and your family?	2	1	0	666 777 888 999
3.13 FVC	Do you have the chance to give your ideas during the Child and Family Team meetings?	2	1	0	666 777 888 999

WFI 4- Youth Form

AZ 3/27/07 Version

OK, we're almost done. I now want to ask you a few final questions about transitions and the future for you and your family.

Phase 4: Transition		Yes	Sometimes Somewhat	No	Missing
4.1 OB	Has your team discussed a plan for how behavioral health services will end or for how you will develop more independence from the service system? (i.e., a "transition plan")	YES to both questions	YES to only the first question	NO to the first question	666 777
	Circle one: YES NO	2	1	0	888 999
4.2 NS	Does your team have a plan for when this will occur?				
	Circle one: YES NO				
4.3 NS	Has the Child and Family Team process helped you and your family to develop relationships with people who will support you when the Child and Family Team process and behavioral health services have ended?	2	1	0	666 777
					888 999
4.4 Ind	Has the Child and Family Team process helped you become friends with other youth in the community?	2	1	0	666 777
					888 999
4.5 Per	Has your team helped you prepare for major transitions (e.g., new school, new residential placement, independent living)?	2	1	0	666 777
					888 999
4.5 Per	Will people on your team be there to help you when the Child and Family Team has ended?	2	1	0	666 777
					888 999

WFI 4- Youth Form

AZ 3/27/07 Version

Thank you for taking the time to complete this interview. Are there any comments you would like to add, like what have been the best things about your Child and Family Team or the services you have received? What has not gone well or could be improved?

Positive feedback:

Negative feedback:

End Time _____ am/pm

Interviewer observations about interview, respondent and any validity concerns: _____

Wraparound Fidelity Index 4

Team Member Form AZ 3/27/07 Version



Youth's name: _____

Team member's name: _____

CFT Facilitator's name: _____

Interviewer's name: _____

Today's date: Month _____ Day _____ Year _____

Administration method: 1 Face-to-face 2 Phone

Start time: _____ am/pm

Length of interview: _____ minutes

Project ID:	
Team member ID:	
Youth/ Family ID:	
Caregiver ID:	
CFT Facilitator ID:	
Interviewer ID:	
Timeframe:	

1. What is the Child and Family Team member's relationship to _____ (*child's name*)? (*Check one*)

- | | |
|---------------------------------|--|
| 1 Birth/Adoptive parent | 2 Stepparent |
| 3 Foster parent | 4 Live-in partner of parent |
| 5 Sibling | 6 Aunt or uncle |
| 7 Grandparent | 8 Cousin |
| 9 Other family relative | 10 Adult friend |
| 11 Youth friend | 12 Parent support partner/ peer professional |
| 13 Mentor | 14 Therapist/clinician |
| 15 Case worker | 16 Respite worker |
| 17 Residential/group home staff | 18 Probation officer |
| 19 Teacher/school staff | 20 Minister/faith-based |
| 21 Community member _____ | (<i>please specify</i>) |
| 22 Other _____ | (<i>please specify</i>) |

WFI 4- Team Member Form

AZ 3/27/07 Version

2. How many months or years have you worked with or known the youth and family? _____ months / years
(circle one)

3. Are you a part of the family's "Child and Family Team"? 1 No 2 Yes

[PROMPTS may include asking whether the family has a group of people involved in services for the child or youth that comes together to meet and plan services for the child or youth and family]

1 No 2 Yes

If No, For the purposes of this interview, when we ask you about 'the Child and Family Team,' please consider the people that work with the youth and his or her family to provide services and supports.

If Yes, We will be asking questions about the team so keep those people in mind as you answer the following questions.

4. How many months have you been a member of the family's Child and Family Team? _____ months

WFI 4- Team Member Form

AZ 3/27/07 Version

I am going to ask you some questions about the Child and Family Team and the services and supports the youth and family are receiving now and have received over the past year.



Let's start by talking about when the family met their current facilitator.

Phase 1: Engagement		Yes	Sometimes Somewhat	No	Missing
1.1 CC	Are the family's strengths, beliefs, and traditions shared with all team members? Circle one: YES NO	YES to both questions	YES to only the first question	NO to the first question	666 777 888 999
	Are you given an opportunity to talk about the family's strengths? Circle one: YES NO	2	1	0	
1.2 FVC	Did the CFT facilitator fully explain the Child and Family Team process and how it would work?	2	1	0	666 777 888 999
1.3 SB	Has the family been given an opportunity to tell the team what things have worked in the past for the child and family?	2	1	0	666 777 888 999
1.4 TB	Did the family members select the people who would be on their team?	2	1	0	666 777 888 999
1.5 TB	Is it difficult for you to attend scheduled team meetings?	0	1	2	666 777 888 999
1.6 OB	When the child and family first entered the behavioral health system, did you go through a process to ensure any initial crisis situations were addressed and stabilized?	2	1	0	666 777 888 999

WFI 4- Team Member Form

AZ 3/27/07 Version

Now I am going to move onto questions about how the current service planning process went for this child and family. Can you tell me about how the family's service plan was developed?

During this discussion, other prompts may include: Who participated in this service planning? How did you decide what would be in the service plan? Did certain people have more input than others?

Phase 2: Planning		Yes	Sometimes Somewhat	No	Missing
2.1 Col	<p>Did you and your team plan and create a written service plan that describes how the team will meet the child's needs?</p> <p>Circle one: YES NO</p> <p>Do you have a written copy of the service plan?</p> <p>Circle one: YES NO</p>	<p>YES to both questions</p> <p>2</p>	<p>YES to only the first question</p> <p>1</p>	<p>NO to the first question</p> <p>0</p>	<p>666 777</p> <p>888 999</p>
2.2 TB	<p>Did the team develop any kind of written statement about what it is working on with the youth and family</p> <p>(PROMPTS: : This statement would be the vision statement for the family. It may also be a statement of the ultimate goal for the team. The statement should be a 'big picture' statement and different than individual goals in the service plan. It may be called the Family's Vision of the Future)</p> <p>Circle one: YES NO</p> <p>Can you describe what the Vision of the Future says?</p> <p>Circle one: YES NO</p>	<p>YES to both questions</p> <p>2</p>	<p>YES to only the first question</p> <p>1</p>	<p>NO to the first question</p> <p>0</p>	<p>666 777</p> <p>888 999</p>
2.3 Ind.	<p>Does the family's service plan include mostly professional services?</p>	<p>0</p>	<p>1</p>	<p>2</p>	<p>666 777</p> <p>888 999</p>
2.4 SB	<p>Are the supports and services in the service plan connected to the strengths and abilities of the child and family?</p> <p>(PROMPTS: Strengths are the positive things the child and family members do well.</p> <p>Do the strategies in the plan <u>use</u> the child and family's strengths? Do they <u>help build</u> the child and family's strengths and abilities?)</p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>

WFI 4- Team Member Form

AZ 3/27/07 Version

Phase 2: Planning (continued)		Yes	Sometimes Somewhat	No	Missing
2.5 CB	<p>Does the service plan include strategies for helping the child get involved with activities in her or his community?</p> <p>Please give two examples of those activities:</p> <div style="border: 1px solid black; padding: 5px;"> <p>1.</p> <p>2.</p> </div> <p><i>*Follow scoring rules.</i></p> <p><i>(SUGGESTED PROMPTS: After school activities, activities with a church, volunteer activities, recreational activities with normal peers)</i></p>	Two examples of community activities. 2	One example of a community activity. 1	No examples of community activities. 0	666 777 888 999
2.6 Col	Are there members of the Child and Family Team who do <u>not</u> have a role in implementing the plan?	0	1	2	666 777 888 999
2.7 Col	Does the team brainstorm many strategies to address the family's needs before selecting one?	2	1	0	666 777 888 999
2.8 Ind	<p>Is there a crisis or safety plan that specifies what everyone must do to respond to a crisis?</p> <p>Circle one: YES NO</p> <p>Does this plan also specify how to prevent crises from occurring?</p> <p>Circle one: YES NO</p>	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
2.9 CB	<p>Do you feel confident that, in the event of a major crisis, the team can keep the child or youth in the community?</p> <p><i>(SUGGESTED PROMPTS: i.e., not immediately placed in a hospital, jail, residential treatment center)</i></p>	2	1	0	666 777 888 999
2.10 FVC	Would you say that non-family members on the team have higher priority than the family in designing the service plan?	0	1	2	666 777 888 999
2.11 CC	<p>During the service planning process, did the team take enough time to understand the family's values and beliefs?</p> <p>Circle one: YES SOMEWHAT NO</p> <p>Is the service plan in tune with the family's values and beliefs?</p> <p>Circle one: YES SOMEWHAT NO</p>	YES to both questions 2	YES to only one question 1	NO to both questions 0	666 777 888 999

WFI 4- Team Member Form

AZ 3/27/07 Version

Now I am going to ask you a number of questions about how this family's service plan has been implemented and how team meetings are conducted. First, can you tell me what team meetings are like currently? How do those meetings go?

Phase 3: Implementation		Yes	Sometimes Somewhat	No	Missing
3.1 FVC	Are important decisions ever made about the child or family when they are not there?	0	1	2	666 777 888 999
3.2 Ind	When the Child and Family Team has a good idea for a support or service for the child, can it find the resources or figure out some way to make it happen?	2	1	0	666 777 888 999
3.3 SB	<p>Does the Child and Family Team get the child involved with activities she or he likes and does well?</p> <p>Please give two examples of those activities:</p> <div style="border: 1px solid black; padding: 5px;"> <p>1.</p> <p>2.</p> </div> <p><i>*Follow scoring rules</i></p>	<p>Two examples of activities youth likes and does well.</p> <p>2</p>	<p>One example of an activity youth likes and does well.</p> <p>1</p>	<p>No examples of activities youth likes and does well.</p> <p>0</p>	<p>666 777</p> <p>888 999</p>
3.4 NS	Does the team find ways to increase the support the family gets from its friends and family members?	2	1	0	666 777 888 999
3.5 Col	Do the members of the team hold each another responsible for doing their part of the service plan?	2	1	0	666 777 888 999
3.6 NS	Is there a friend or advocate of the child or family who actively participates on the Child and Family Team?	2	1	0	666 777 888 999
3.7 Per	<p>Does the team come up with new ideas for the service plan whenever the family's needs change?</p> <p>Circle one: YES NO</p> <p>Does the team come up with new ideas for the service plan whenever something is not working?</p> <p>Circle one: YES NO</p>	<p>YES to both questions</p> <p>2</p>	<p>YES to only one question</p> <p>1</p>	<p>NO to both questions</p> <p>0</p>	<p>666 777</p> <p>888 999</p>
3.8 CB	<p>Are the services and supports in the service plan difficult for the family to access?</p> <p>(SUGGESTED PROMPTS: Because of scheduling or transportation issues or because services and supports are far away or hard to get to.)</p>	0	1	2	666 777 888 999

WFI 4- Team Member Form

AZ 3/27/07 Version

Phase 3: Implementation (continued)		Yes	Sometimes Somewhat	No	Missing
3.9 OB	<p>Does the team assign specific tasks to all team members at the end of each meeting?</p> <p>Circle one: YES NO</p> <p>Does the team review each team member's follow-through on their tasks at the next meeting?</p> <p>Circle one: YES NO</p>	<p>YES to both questions</p> <p>2</p>	<p>YES to only one question</p> <p>1</p>	<p>NO to both questions</p> <p>0</p>	<p>666 777</p> <p>888 999</p>
3.10 CC	<p>Do members of the team always use language the family can understand?</p> <p>(NOTE: For family members for whom English is not a first language, this may mean that bilingual facilitators, translators, or other means are used to ensure adequate understanding.</p> <p>For English-speaking caregivers, this means that facilitators and team members translate or do not use professional jargon or acronyms that the caregiver does not understand.)</p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>
3.11 SB	<p>Does the team create a positive atmosphere around successes and accomplishments at each team meeting?</p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>
3.12 TB	<p>Does the team go out of its way to make sure that all team members – including friends, family, and natural supports – present ideas and participate in decision making?</p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>
3.13 Per	<p>Do you think the Child and Family Team process could be discontinued before the family is ready for it to end?</p> <p>For example, because of time limits, because of the child's behavior, because of a placement change, or funding or eligibility changes?</p>	<p>0</p>	<p>1</p>	<p>2</p>	<p>666 777</p> <p>888 999</p>
3.14 CC	<p>Do all the members of the team demonstrate respect for the family?</p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>
3.15 FVC	<p>Does the child or youth have the opportunity to communicate his or her own ideas when the time comes to make decisions?</p>	<p>2</p>	<p>1</p>	<p>0</p>	<p>666 777</p> <p>888 999</p>

WFI 4- Team Member Form

AZ 3/27/07 Version

OK, we're almost done. I now want to ask you a few final questions about transitions and the future for this youth and family.

Phase 4: Transition		Yes	Sometimes Somewhat	No	Missing
4.1 OB	<p>Has the team discussed a plan for how behavioral health services will end or for how the family will develop more independence from the service system? (<i>i.e.</i>, a "transition plan")</p> <p>Circle one: YES NO</p> <p>Does the team have a plan for when this will occur?</p> <p>Circle one: YES NO</p>	<p>YES to both questions</p> <p>2</p>	<p>YES to only the first question</p> <p>1</p>	<p>NO to the first question</p> <p>0</p>	<p>666 777</p> <p>888 999</p>
4.2 NS	Has the Child and Family Team process helped the child develop friendships with other youth who will have a positive influence on him or her?	2	1	0	666 777 888 999
4.3 OB	Has the Child and Family Team process helped the child to solve her or his own problems?	2	1	0	666 777 888 999
4.4 Ind	Has the team helped the child or youth prepare for major transitions (e.g., new school, new residential placement, or move to the adult behavioral health system) by making plans to deal with these changes?	2	1	0	666 777 888 999
4.5 Per	After behavioral health services provided through the Child and Family Team process have ended, do you think that the Child and Family Team process will be able to be "re-started" if the youth or family needs it?	2	1	0	666 777 888 999
4.6 NS	Has the Child and Family Team process helped the family to develop or strengthen relationships that will support them when Child and Family Team process has ended?	2	1	0	666 777 888 999
4.7 CB	Do you feel like the family will be able to succeed on its own, or with just the help of family and friends (not paid professionals)?	2	1	0	666 777 888 999
4.8 Per	Will some members of the team be there to support the family when formal behavioral health services have ended?	2	1	0	666 777 888 999

WFI 4- Team Member Form

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Thank you for taking the time to complete the interview. Are there any comments you would like to add? We are particularly interested in hearing anything you might want to say about things that have worked well or that would need to be improved around how well the Child and Family Team process is working in your community for families such as *[name of youth/family]*.

Positive feedback:

Negative feedback:

End Time _____ am/pm

Interviewer observations about interview, respondent and any validity concerns: _____
